

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048053

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6714

STATE FILE NUMBER

VS 300
Rev. 4/59

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2 7095

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

H. Morris MEDICAL CERTIFICATION

J. Burial

24. FUNERAL DIRECTOR

ADDRESS

Mrs. Meek's Mortuary, K. C., Mo.

12-12-63

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Lincoln Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.

12-11-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

21. I attended the deceased from 12-6-63 to 12-9-63 and last saw her alive on 12-9-63

Death occurred at 4:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. H. Morris MD

22b. ADDRESS 10901 Winner Rd

22c. DATE SIGNED 12/10/63

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

18. CAUSE OF DEATH (Enter only one cause per line - PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia

INTERVAL BETWEEN ONSET AND DEATH 1 wk

17. INFORMANT Address Rev. John H. Williams, K. C., Mo.

16. SOCIAL SECURITY NO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

14. NAME OF HUSBAND OR WIFE John Hobbs, K. C., Mo.

13b. MOTHER'S MAIDEN NAME Lucy Williams

13a. FATHER'S NAME Unknown

12. CITIZEN OF WHAT COUNTRY U.S.A.

11. BIRTHPLACE (City and state or country) Wanewright, Mo.

10b. KIND OF BUSINESS OR INDUSTRY

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

9. AGE (last birthday) 81

8. DATE OF BIRTH 12-25-68

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

6. COLOR OR RACE C

5. SEX F

4. DATE OF DEATH 12 9 63

3. NAME OF DECEASED First Middle Last Susie Hobbs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Inside Limits Yes ☒ No ☐

c. CITY OR TOWN Independence

a. STATE MO b. COUNTY Jackson

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Missouri c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hospital

Length of stay in hospital 75 3 days

d. STREET ADDRESS 500 E Truman Rd

(If outside, give location) Reside on Farm Yes ☐ No ☒

FILED DEC 27 1963

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.